

MEDICAL BOARD OF CALIFORNIA
Definitions Related to Reporting of Settlements
Specific Language of Proposed Changes

Adopt section 1355.31 in Article 1 of Chapter 2 of Division 13, Title 16 California Code of Regulations, to read as follows:

1355.31. Definitions Related to Reporting of Settlements.

(a) For purposes of Section 803.1 of the code,

(1) "Above average" settlement amount means a settlement 17% and above the mean for that licensee's specialty.

(2) "Average" settlement amount means a settlement less than 17% above and below the mean for that licensee's specialty.

(3) "Below average" settlement amount means a settlement 17% and below the mean for that licensee's specialty.

(4) The "high risk" specialties, based on a calculation of the estimated number of specialists (by specialty) practicing in California who had three or more settlements within the ten-year period preceding January 1, 2003, are neurosurgery, orthopedic surgery, and plastic surgery.

(5) A "low risk" specialty is every specialty not identified as a "high risk" specialty.

(b) The division shall review the reported settlement data on an annual basis to determine whether the data supports any change in these definitions.

NOTE: Authority cited: Sections 803.1 and 2018, Business and Professions Code.
Reference: Section 803.1, Business and Professions Code.